

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-599,216

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5	3			1		
6	3		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	2		1			
12	1		1			
13	①		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
19	2		1			
20	2		1			
21	1		1			
22	1		1			
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TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	21	←	20	←		←
TOTAL CLAIMS	29	[REDACTED]	22	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS		[REDACTED]		[REDACTED]		[REDACTED]